

General Surgery FY1

Rota Building Blocks

Your rota will contain 5 types of shift:

Ward (8.00-17.00; normal working day)

Ward/SDT (8.00-13.00; afternoon SDT)

SEAU (8.00-20.30 – handover at 20.00)

Cover (8.00-20.30 – handover at 20.00)

Nights (20.00-8.30 – handover at 8.00)

Ward

There are 3 main wards you will be based on: Greetwell, Hatton, and Digby. If there are enough juniors, sometimes you may be rota'd as "SEAU help" too, working there until 5 – SEAU will be covered in the SEAU section.

Greetwell is a General Surgery ward, with outliers from other specialties – commonly urology but medical and ortho aren't uncommon; we do the jobs for these outliers. It is the main ward for ENT patients too, however they have their own juniors and we do not get involved in these patients.

Hatton is a General Surgery ward too, however it has 2 fewer beds due to taking Level 1 patients. It similarly has other specialties represented, including commonly Urology – we do the jobs for these.

Digby is mainly an Orthopaedic ward, with General Surgery – and other - outliers. The number of General Surgery juniors rota'd there depends on the number of outliers, including medical (for some reason Ortho juniors do not do the jobs for any outliers, despite us doing the jobs for their outliers when on Gen Surg wards)

These ward days are all fairly similar:

- 1) On arrival, start prepping the notes between you and the other juniors.
- 2) Ward round with the senior allocated. There is a General Surgeons WhatsApp group with all the consultants and registrars in, and who will be doing which rounds is posted there each morning – often a Ward will be split by bay between more than one.
- 3) Wards have job lists on a clipboard which you should update as you go, the nurses will add to this as well. Try to ask the reg any questions you have before they leave though you should be able to contact them at any time throughout the rest of the day if you're not sure about something or there's a job above your grade:
 - i.e. Specialty-specialty referrals/ calls to microbiology/ breaking life-changing/poor diagnoses to patients and family/end of life conversations and signing ReSPECT forms/ interpretation of imaging when deciding what to do next.
- 4) Do the jobs as per the list you've made from Ward Round, prioritising as relevant (e.g. it tends to make sense to take time early on to make sure all blood forms are printed and in the "toaster" on the ward so you don't miss the phleb round)
- 5) Any jobs that haven't been completed should be considered for handover to the cover doctor, urgency depending. They will come round each ward at the end of the day (16.50ish,

their day-depending) and should also be told about any patients who need handing over for the night team to be aware of.

- 6) Go home at 17.00! If you are unable to, *exception report*. General Surgery tends to have the highest incidences of these, and the data is being used to make the case for changes that are needed.
- 7) Miss Varma or one of the other consultants will ask you on a daily basis to identify patients which have been in longer than 5 days/ or are complicated/ need senior review and will come and review them herself. They will also do a quick board round on a daily basis so you would need to go through your patient and their current status.

Fridays

On Fridays make sure to ask the reg which patients will need senior review over the weekend, and add these to the handover list Heyrumb has implemented with a brief summary of the patient and the reason for review.

You should also be checking if your patients' drug cards will cover them over the weekend or if they need rewriting – anticipated rewrites should not be a night or cover job (they're busy enough!)

SEAU

SEAU functions similarly to surgical wards apart from some key differences due to it being an admissions unit. The day team = 1 x consultant, 1 x registrar, 1 x SHO (sees referrals in ED), usually 2 x ACP (based in SAU), 1 x FY1 (sometimes an additional F1 from 8.00-17.00)

- 1) At 8.00 you will go to take handover from the on-call night team in the office, running down a list of all the patients on SEAU and who are on the on-call team's radar elsewhere (e.g. ED or down on the paediatric wards)
- 2) You then prep the notes with the ACPs while the consultant, reg, and SHO go to see any paediatric patients

Then, as with any other surgical ward, you do WR, taking the jobs list with you, and following which you do the jobs. If any patients come to SEAU and have not been clerked, it is the F1's job to clerk them and prescribe regular meds (usually they will have been clerked in ED however this isn't always the case, especially with the new "Breaking the Cycle" model).

The final difference is the handover list, which you and the ACPs update via WebV (Main Menu -> Utilities -> Clinical Handover-> SEAU ON-CALL. If there isn't one in progress, duplicate the most recent one.). At around 7pm (and during the day if you have time) you should update the list, adding any new patients and updating all patients with the progress from the day (bloods, scan results etc.) – use "edit patient list" to add/remove patients and "update list" to edit details. Once you, the SHO, the ACPs, and the reg have all updated, submit the handover then print around 8 copies and take these back to the office for handover at 20.00 (to format this nicely first print to PDF and save to desktop, then print from the PDF using 1 by 2 in multiple per page).

COVER

Weekdays 8.00-17.00 = SAL, Hatton Lvl 1s, Branston

Weekends; Weekdays 17.00-handover = SAL, Hatton, Branston, Greetwell, Digby

You will either do runs of 4 (Mon-Thu) or 3 (Fri-Sun) and, as with the wards, you do Ward Rounds for General Surg patients, and cover jobs for Urology and Medical Outliers (NOT Ortho or ENT)

Day 1 0800: Sign out the 47777 bleep ('all the 7s') from the main reception at the front of the hospital. Keep this rather than sign it in and out – I used to leave it in the H@N office each evening to collect the next day because you...

Start your day at the Hospital at Night office to take the surgical handover, if there are any jobs remaining there's anything to update on about patients from overnight. This is on Greetwell Ward.

Then go to SAL (unless told otherwise) and prep the notes for any Gen Surg patients on the ward there. The senior covering SAL will meet you there and you will scribe for their ward round. Make a note of the jobs as you go and do what you can (e.g. printing of blood forms, quick prescribing) before you go – *not* EDDs at this time.

It is a good idea to introduce yourself to the nursing team there and ask them to start a jobs list for you to reduce how often they need to bleep – just make sure you head back frequently enough that they trust this process.

Then head to Hatton for the morning Level One Ward Round, usually heading over at 9am-ish.

There are a maximum of 8 L1 beds on Hatton (and they won't usually all be Gen Surg). These patients are usually either post-operative or ICU stepdown, and they have two Consultant-led WRs a day, morning and evening (around 10am and 6pm by the time you've prepped notes).

Prep the notes for L1 Ward Round (priority: NEWS, bloods, imaging) then text the General Surgeons WhatsApp group to say you are ready. The relevant nurse should join you on L1 WR usually and you will scribe. Surgical seniors move and speak fast, don't be afraid to ask them to stop and repeat themselves or to clarify a plan.

During the day you will be doing jobs for Hatton L1, SAL, and also for Branston (a senior will see patients up there, then should tell you any jobs needed). Branston is a far-away Gynae ward with surgical outliers, up on the 3rd floor of the maternity block. Tell them to collate all their jobs and, unless urgent or a senior tells you otherwise, go there last.

16.50ish – take handover from Digby, Greetwell, and Hatton. Ideally your colleagues will triage this list, and give context where applicable e.g. when chasing bloods, a short note of what to look for like "check inflammatory markers; if raised start antibiotics" or "just check electrolytes safe" goes a long way when you don't know a patient!

20.00 – Head back to H@N office on Greetwell. Handover any jobs you couldn't get to that are necessary (i.e. acute) overnight. Leave your bleep in the office and head home.

If there is anything to be handed over from the night team that involves surgical patients on Greetwell/Hatton/Digby – hand this over to the ward doctors (day team). I would suggest preparing the L1 ward round before going to SAL. When preparing L1 prepare 2 sheets at once (for the pm ward round) but don't put bloods or obs on the second sheet – you will fill it in before the pm ward round. Whenever bleeped, ask the bleeping ward to create a jobs list for you and bleep when all the jobs gathered so that they don't bleep you every 15 minutes.

WEEKEND COVER

This was handed over to us in August 2022 as "this is hell but you'll survive" – we have been working to make it better, but don't blame yourself if you find this overwhelming. Because there are no regular ward doctors, you cover all of the patients mentioned above (not ENT/Ortho).

Follow the same rough guide as above but you be aware you will also be doing ward rounds with the weekend registrar for any patients who need weekend review on these wards. The WebV weekend handover implemented by Heyrumb has helped with this as it allows the weekday doctors to give a brief summary of the patient and why they need weekend review.

You will then do the jobs for the patients but remember you are one person and physically cannot be on all wards at once.

We have noted a huge amount of pressure for EDDs over the weekend, including one weekend cover day a doctor was asked for 15. Although hospital flow is important, please don't allow anyone to force you to prioritise EDDs over clinical priority – if a patient is unwell, that has to come first. They may threatened to Datix you, if they do, let them - we are trying to build data to allow for a surgical EDD doctor, just as there is a medical one.

- If unsure ask your surgical registrar, they will be madder if you don't escalate to them when you should have than if you do unnecessarily. There are trust guidelines for everything, check them before you bleep just in case the answer is there.
- You are *not* obliged to attend medical emergencies/cardiac arrests but the absence of pressure makes for great learning opportunities if you're up for it.
- **HOW TO BLEEP** – Press 333456 then 4 then the bleep you want (e.g. 4 2023 for surgical reg) then press the extension number for the phone you are using – its 6 digits and displayed on the phone screen. Wait there till they call back.
- **WHEN YOU ARE BLEEPED:** Its loud, press the blue button to shut it up then when you are ready to call back press the blue button twice and it will show you the most recent call. (Press 3 times and you get the second to last call and so on...)
- - That's the 6 digit number you call back from any phone, don't add anything before it.
- Keep loads of pocket snacks on you, especially sugary ones and *hydrate!*
- If you are inundated with bleeps – call the wards from where you are and get them to play top trumps for your very valuable time. Literally ask them what is more urgent than your current task.
- Keep a clear tidy list of all your jobs, don't pretend you'll remember anything that's not written down.
- Look after yourself – you're entitled to a 5 minute break per hour you work. But take as much time as you can when possible.
- Never tell a nurse what time you will be there – just say I will be there when I can.
- If you feel like it's overwhelming you, let a ward sister/clerk know. Tell them you will do their jobs as soon as you can but you *need* to take a short break and will be back.

NIGHT SHIFTS – 2000-0800

You are part of the Hospital @ Night Team. You cover patients across the hospital (17 wards). This is how it goes:

1. **20.00** Go to Greetwell, the H@N office is on the left just before the second set of double doors.
2. Grab an iPhone (sign in to nerve centre app) and chill until 9pm. Get to know your team – the coordinators who will send you jobs via iPhone, the ACP who takes half the workload and the clinical support staff who do bloods/cannulas etc.
3. **21.00** You all go to MEAU for medical handover. Again, chill. Nothing to do with you, but you gotta be there.

4. Jobs will come through via the app – it says accept or reject but this is all lies – you *have to accept* all of the jobs.
5. Organise the jobs by urgency and then location so you're running around less.
6. **ALWAYS** ask the ward nurse to clarify the job you're there to do. Sometimes there's more info they didn't put on the app, or it's no longer an issue or someone else has already sorted it.
7. Aim to take a proper break to sleep at some point between 2am-5am. The junior contract = 1.5 hours of rest on an overnight 12hr shift.
H@N office has pillows and blankets, the mess has sofas.
Don't feel guilty about sleeping ever – if something's important the bleep/app will wake you.
8. Generally speaking the most stressful jobs overnight are 'patient review'. Typically, you don't know the patient at all, are tired, don't remember basic guidelines and have no clue how to fix the problem. So **read the notes, clarify the most recent plan, complete an A-E, correct any simple issues** (rehydrate with fluids/give paracetamol/prescribe the laxatives) **record any actions you've taken, if still concerned tell the reg!**
9. Be at the H@N office at 8am – handover anything you couldn't get to. If you've got the energy and time, it's worth grabbing a canteen breakfast before you go home to sleep. Regular meals go out the window on nights so make sure you're having at least one proper meal per 24h.
10. Feel free to escalate to the night Reg covering the wards whenever needed, they are usually happy to help (44012).

Good luck, you've got this,

Becky, with credit to previous F1s Fiona and Roshni for providing us with whatever they could in August 2022!